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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Girish et al.

Attorney Docket No.: APL1P281/P3101

Application No.: 10/651,918

Examiner: TERMANINI, S

Filed: August 29, 2003

Group: 2178

Title: VIDEO CONFERENCING SYSTEM
HAVING FOCUS CONTROL

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on December 21, 2007 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: _____

Jonathan O. Scott

NOTICE OF APPEAL

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed 12/17/2007 finally rejecting Claims 1-14, 16-21, 32,34-37, 42-44, 47-49 and 53-55.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR

1.17(a)-(d)) for the total number of months checked below:

01/02/2008 HGBREMI 00000013 500388 10651918
01 FC:1401 510.00 DA

<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/> one	\$120.00	\$ 60.00
<input type="checkbox"/> two	\$450.00	\$225.00
<input type="checkbox"/> three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

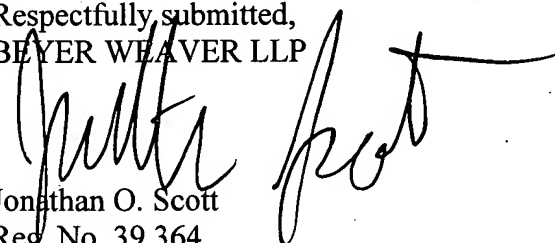
Notice of Appeal Fee \$500
Extension Fee (if any) \$

Total Fee Due \$500

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ Charge the Notice of Appeal fee of \$500 and any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. APL1P281/P3101).

Respectfully submitted,
BEYER WEAVER LLP


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